

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09783194
APPLICANT(S)

FILING DATE
02/21/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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8						
9						
10						
11						
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13						
14	1					
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23	1					
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30	1					
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35						
36						
37		1				
38	1					
39						
40	1					
41						
42						
43	1					
44						
45						
46						
47	1					
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	4					
TOTAL CLAIMS	24					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						